

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance Control CLERN

of Massachusetts File with C wor Fown Clerk of Election Commission Fill in Reporting Period dates: Beginning Date Type of Report: (Check one) 🔲 8th day preceding preliminary 📩 🌇 8th day preceding election 🖫 🔲 30 day after election 😘 🔲 year-end report 🙏 🔲 dissolution 🖗 Candidate Full Name (if applicable) Name of Committee Freasurer Telephone Number (optional) 978-979-7533 5. 436 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 3, line 14) MANAGEMENT OF THE STATE OF THE Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) 🐇 Line 7: Total (all) outstanding habilities (page 4) TO THE CONTRACTOR OF THE STATE Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of MGL c 55 Signed under the penalties of perjury:  $\Lambda$ FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities not made any expenditures on my behalf during this reporting period Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M G L. c 55. Signed under the penalties of perjury:

(Candidate's signature)

#### SCHEDULE A: RECEIPTS

MGL c 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	
ohalis	1) struckers cove	100.00	Retired
B 11/15	James W. D'Hara Jr 55 Leyngton And Glove MA	335.00	setPemployed
8/20/15	James W O'Hara Sri 55 horington Ave Glov MA	@75·00	self employed
8 9 15	POBOK 1637 Glow MA	100.00	pariner men
es and a more			
Line 9: Total Receipt	s over \$50 (or listed above)	1410:00	
Line 10: Total Receip	ine 10: Total Receipts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	11010	Enter on page I, line 2

#### **SCHEDULE B: EXPENDITURES**

MGL c 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	name and a page number on each page.  Address	Purpose of Expenditure	Amount
en 15	vista Print	275 Wyman st waltham MA	advertising	335.00
8/26/15	Franks Sign	591 Linada St manchester NH	ashertising	075,00
		Line 12 Total Expenditures over \$50 (or listed above)		1210,00
		Line 13: Total Expenditures \$50 and under* (not listed above)		0.00
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50 In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value ***
contributes more tha	ibution is received from a person who in \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.		Line 16 In-Kind Contributions \$50 & under (not listed above)		0.00
was the control of th		Line 17: TOTAL IN-KIND CONTRIBUTIONS		0.00

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	55 Lexington the Gload	Loan	335.00
***			875,00
	<b>S</b> 200 <b>S</b> 200 <b>S</b>	\$ 100	oko VWS
	8	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	7.9 3/2 >	managa a san san sangga san san san san san san san san san sa	<b>9</b> 8.22 79
		Grant Age	\$ 250
	y		saget.